

**CUSTOMER ASSISTANCE GUIDE  
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

**EXISTING COMMERCIAL AND MULTI-FAMILY**

Section (403.42.)

An owner or authorized agent who intends to construct, enlarge, alter, repair, move, demolish, or change the occupancy or use of a commercial building, or to erect, install, enlarge, alter, repair, remove, convert or replace any electrical, gas, mechanical, or plumbing system regulated by the Uniform Construction Code, shall apply to the building code official and obtain the required permits.

A permit applicant shall submit an application to the building code official, and attach construction documents, including sealed plans and specifications if changes are needed to the building to comply with the code for the new occupancy.

A licensed architect or licensed professional engineer shall prepare the construction documents under the architect's licensure law.

This may be submitted in letter form from the architect or engineer if the building complies with the code for the change of use or occupancy. Also submit a copy of the certificate of occupancy issued by the Department of Labor and Industry for the existing building if it is available.

Plans may be submitted electronically (**Preferred Method**):

By going to our website, [www.mdia.us](http://www.mdia.us), and click on Offices, click on Plan Review and then Submit Plans.

Attached is a check list of required code information needed for review of plans.

## CONSTRUCTION DOCUMENTS REQUIRED

- Site plan showing to scale the size and location of all new construction and all existing structures on the site. Distances from lot lines, established street grades and proposed finished grades. All parking including accessible spaces with signage. Accessible paths to entrances.
  
- COMPLETED BUILDING PERMIT APPLICATION
- ARCHITECTURAL
- STRUCTURAL
- ELECTRICAL
- MECHANICAL
- PLUMBING
- ACCESSIBILITY (Details and elevations of restrooms, checkout counters, etc. and routes with elevations for all accessibility)
- ENERGY CALCULATIONS WITH HVAC & LIGHTING (COM CHECK OR IECC)
- ALL SIGNAGE (TACTILE EXIT, RESTROOM, ETC.)
- USE GROUP(S) (EACH AREA OR ROOM) (IBC, Chapter 3)
- BUILDING LIMITATION (HEIGHT & AREA) (IBC, Chapter 5)
- TYPE OF CONSTRUCTION (IBC, Chapter 6)
- FIRE RESISTANT MATERIALS & CONSTRUCTION (IBC, Chapter 7)
- FIRE PROTECTION SYSTEM(S) (IF REQUIRED) (IBC, Chapter 9)
- OCCUPANT LOAD (EACH AREA OR ROOM) (IBC, Section 1004)
- DEPARTMENT OF HEALTH APPROVAL FOR HEALTH CARE FACILITIES PRIOR TO SUBMISSION.
- SPECIAL INSPECTIONS AS PER IBC SECTION 1704 & 1710

**THIS FORM REQUIRES A NOTARY SEAL**

**AFFIDAVIT OF EXEMPTION**

The undersigned affirm that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

\_\_\_\_\_ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.

\_\_\_\_\_ contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

\_\_\_\_\_  
Signature of Applicant

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

Subscribed, sworn to and acknowledged  
before me by the above \_\_\_\_\_  
this \_\_\_\_\_ Day of \_\_\_\_\_  
20 \_\_\_\_\_.

**SEAL**

\_\_\_\_\_  
Notary Public

# Permit Application

Customer Number  
if known

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Number \_\_\_\_\_

MDIA Office \_\_\_\_\_

## Location of Proposed Work or Improvement

Municipality\* \_\_\_\_\_ County\* \_\_\_\_\_

Site Address\* \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development \_\_\_\_\_ Phase \_\_\_\_\_ Section \_\_\_\_\_

Owner\* \_\_\_\_\_ Phone ## \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Principal Contractor\* \_\_\_\_\_ Phone ## \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Design Professional/Architect \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Type of Work or Improvement\* (Select all that apply)

- New Building   
  Addition   
  Alteration   
  Repair   
  Demolition   
  Relocation   
  Energy  
 Foundation Only   
  Change of Use   
  Plumbing   
  Mechanical   
  Electrical   
  Fire Protection

Describe the proposed work

### Estimated Cost of Construction\* (reasonable fair market value)

a. Structural Cost	\$	
Installation(s) not included in above cost		
b. Electrical	\$	
c. Plumbing	\$	
d. Heating, Air Conditioning	\$	
e. Other	\$	
<b>Total Cost of Project (a+b+c+d+e)</b>	<b>\$</b>	

**Description of Building Use \*(Select One)**

Residential

- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-2)
- Multi-Family (R-2)
- Hotels (R-1)

Non-Residential

Specific Use: \_\_\_\_\_  
Use Group: \_\_\_\_\_  
Change in Use:  Yes  No  
IF YES, Indicate Former: \_\_\_\_\_  
Maximum Occupancy Load: \_\_\_\_\_  
Maximum Live Load: \_\_\_\_\_

**Building/Site Characteristics**

Number of Residential Dwelling Units: \_\_\_\_\_ Existing \_\_\_\_\_ Proposed

Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.): \_\_\_\_\_

Water Service: (Select)  Yes  No

Sewer Service: (Select)  Yes  No Septic Permit # \_\_\_\_\_

**Does or will your building contain any of the following:**

Fireplace(s): Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ BTUs \_\_\_\_\_ Type Vent \_\_\_\_\_  
Elevator/Escalators/Lifts/Moving walks: (Select)  Yes  No  
Sprinkler System:  Yes  No  
Pressure Vessels:  Yes  No  
Refrigeration Systems:  Yes  No

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq.ft. Number of Stories: \_\_\_\_\_  
Proposed Building Area: \_\_\_\_\_ sq.ft. Height of Structure Above Grade: \_\_\_\_\_ ft.  
Total Building Area: \_\_\_\_\_ sq.ft. Area of Largest Floor: \_\_\_\_\_ sq.ft.

**FLOODPLAIN**

Is the site located within an identified flood prone area? (Select One)  Yes  No  
Will any portion of the flood prone area be developed? (Select One)  Yes  No  N/A

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d).

**HISTORIC DISTRICT**

Is the site located within a Historic District?  Yes  No  
If any construction is within a Historic District, a certificate of appropriateness may be required by the Municipality.



**ZONING/UCC PERMIT APPLICATION**  
**CHIPPEWA TOWNSHIP, BEAVER COUNTY, PENNSYLVANIA**

APPLICATION NO. \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

1. APPLICANT \_\_\_\_\_

2. APPLICANT IS OWNER \_\_\_\_\_ CONTRACTOR OR AGENT \_\_\_\_\_ OTHER \_\_\_\_\_

3. NAME/ADDRESS OF OWNER: \_\_\_\_\_ NAME/ADDRESS OF CONTRACTOR OR OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. TELEPHONE NO. \_\_\_\_\_

5. LOCATION/STREET ADDRESS \_\_\_\_\_ TAX PARCEL NO. \_\_\_\_\_

6. SUBDIVISION NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

7. ZONING:  
Type of (Building) (Alteration) \_\_\_\_\_

Number of Stories \_\_\_\_\_ Height of Structure \_\_\_\_\_ Having dimensions of \_\_\_\_\_

And proposed floor area of \_\_\_\_\_ Square feet **Decks only:** \_\_\_\_\_ inches above grade of deck floor

8. ACCESS: \_\_\_\_\_ To public road \_\_\_\_\_ To private road \_\_\_\_\_ To private right of way  
If private road/right of way, Owner \_\_\_\_\_ Parcel No. \_\_\_\_\_

9. COST OF CONSTRUCTION \_\_\_\_\_ TOTAL SIZE/ACREAGE OF TRACT \_\_\_\_\_

10. PLOT PLAN ATTACHED: DATED \_\_\_\_\_ PREPARED BY \_\_\_\_\_

11. WATER SOURCE: Township \_\_\_\_\_ On Lot \_\_\_\_\_

SEWAGE DISPOSAL SOURCE: Twp. \_\_\_\_\_ On Lot \_\_\_\_\_

12. WILL ANY OF THE FOLLOWING BE INVOLVED IN THE ABOVE MENTIONED CONSTRUCTION?  
**ELECTRICAL** \_\_\_\_\_ **PLUMBING** \_\_\_\_\_ **MECHANICAL** \_\_\_\_\_

**READ, UNDERSTAND AND COMPLY WITH THE FOLLOWING NOTICES**

**NOTICE:** In addition to a construction/zoning permit, if the subject property does or will require access to a public road or street, and/or will require improvement/change of existing driveway access to a public road or street: If such public road or street is under the jurisdiction of the commonwealth of Pennsylvania, you must obtain a Highway Occupancy Permit pursuant to Act No. 428 of 1945, as amended, known as the "State Highway Law"; Application for such Highway Occupancy Permit as to a Commonwealth road or street must be made to, with and processed by the Pennsylvania Department of Transportation. If such road or street is under the jurisdiction of Chippewa township, you must apply for and obtain a Driveway Permit from the Township.

**NOTICE:** In addition to a construction/zoning permit, you may need to make other applications and obtain other permits for the development you propose, including but not limited to, depending on location of your premises, for an on-lot sewage permit and/or connection to a public sewer connection permit, water connection permit, and/or Land Development approval, prior to being able to commence construction. Further, following construction and prior to your placing into use the proposed structure/building, you will need to procure an Occupancy Permit.

**NOTICE:** Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of worker's compensation to Chippewa Township. Contractor also prohibited by law as to building or remodeling under subject Permit from engaging the services of a subcontractor unless subcontractor maintains workers' compensation insurance coverage as to subcontractor's employees. Failure of contractor and Applicant for this Permit to maintain worker's compensation insurance according to law of Commonwealth of Pennsylvania, and as to said insurance, naming Chippewa Township as a named insured, requires stoppage of all construction/work under Construction /Zoning Permit issued and a Construction/Zoning Permit may be revoked.

**NOTICE:** Property owner is responsible for determining if property is subject to private covenants or private plan restrictions and compliance with the restrictions. Private covenants may be more restrictive than zoning regulations. Issuance of a building or zoning permit **does not constitute compliance with private covenants or restrictions.** Permits issued in violation of any private covenants or restrictions is the sole responsibility of the property owner or their authorized representative.

**STATEMENTS AND VERIFICATION BY APPLICANT**

I do hereby agree to observe and adhere to any and all provisions of the Chippewa Township Zoning Code, and do further agree and understand that my failure to do so shall constitute a violation as to any Permit issued per this Application, which violation shall cause any Permit to become Null and Void, and revocable by Chippewa Township via its Zoning Officer or other designated agent.

APPLICATION FOR ZONING AND BUILDING PERMIT CHIPPEWA TOWNSHIP, BEAVER COUNTY,  
PENNSYLVANIA  
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I/We hereby certify that as applicants, owners, contractors, agents or others that I/we completed and read the foregoing Application and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I/We knowingly make false statements or averments, I/We may be subject to criminal penalties. I/We hereby authorize representatives of the township to make the required inspections upon the property to verify that the construction requested under this applications complies with the Chippewa township Zoning Ordinance or other applicable codes.

If applicant is contractor or Agent of Owner, he/she hereby certifies that he/she has the authority to act on behalf of the Owner.

OWNER(S) \_\_\_\_\_ DATE \_\_\_\_\_

CONTRACTOR OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_

FEE IN THE AMOUNT OF \$ \_\_\_\_\_ SUBMITTED HEREWITH.

APPROVED: \_\_\_\_\_  
Zoning Officer

DATE: \_\_\_\_\_

# TYPICAL PLOT PLAN

